



Letter of Recommendation

High school students are selected for the **One City High School Internship Program (OCHSIP)** primarily on the basis of leadership potential, interest in public service, high academic achievement, and continuing academic success.

Please describe the applicant's academic performance or other leadership characteristics which you think will contribute to his/her success as an intern in the One City High School Internship Program.

Your Name:			
Title:			
Email:		Telephone:	
Student Informa	ntion		
Name:			
Name of School:			
Grade:	D.O.B.:	Last 4 digits of SSN:	
Recommendatio (If you need additional		sheet with this form. Please be sure to address all que	stions).
How long have you kno	wn the applicant? In what capacity have	you known the student?	
Please describe the stud	dent's leadership abilities.		
Please describe how we	ell the student is able to communicate (w	itten, orally, verbally).	
Please describe what se	ets the students apart from other students	s you have encountered.	

Please sign and return the completed form directly to OCHSIP. Your evaluation will become part of the applicant's confidential file for use only by the OCHSIP Selection Committee. It will not be released to the applicant.

Email, fax, or mail this letter to the address below no later than January 27, 2012.

One City High School Internship Program 4058 Minnesota Avenue, NE - 2nd Floor Washington, DC 20019

(p) 202-698-3492 (f) 202-698-5813

Email: youthjobs@dc.gov







